

▶ CORPORATE INFORMATION

ENTITY LEGAL NAME: _____

ENTITY DBA NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

FAX: _____ EMAIL: _____

WEBSITE: _____

PARENT CORP LEGAL NAME: _____

PARENT CORP DBA NAME: _____

FEDERAL TAX ID: _____

LEGAL STRUCTURE: LLC Partnership Corporation Non-Profit

TIME IN BUSINESS: _____ # OF EMPLOYEES: _____

TIB UNDER CURRENT OWNERSHIP: _____

STATE OF INCORPORATION: _____

FISCAL YEAR ENDS: _____

ANNUAL GROSS SALES: _____

ANNUAL CAPITAL BUDGET: _____

TYPE OF FINANCIALS: __ Reviewed __ Audited

▶ POINT OF CONTACT

NAME: _____

TITLE: _____

PHONE: _____

CELL PHONE: _____

FAX: _____

EMAIL: _____

▶ AUTHORIZED SIGNOR

NAME: _____

TITLE: _____

PHONE: _____

CELL PHONE: _____

FAX: _____

EMAIL: _____

▶ BANK REFERENCE

Corporate Bank & Trade references attached as a separate document.

BANK: _____

ACCOUNT NUMBER: _____

CONTACT: _____ PHONE: _____

▶ TRADE REFERENCE

COMPANY: _____

ACCOUNT NUMBER: _____

CONTACT: _____ PHONE: _____

Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). The applicant certifies that all information provided is true, correct and complete and that the account will be used solely for business and commercial purposes. The applicant, owner(s) and guarantor (if any) authorize Direct Capital Corporation or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agency(ies) or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renewal or credit and for reviewing or collecting the account. The applicant acknowledges that, based upon such information and other factors which may apply, Direct Capital or its assignee(s) or designee(s), in their sole discretion, may either grant or decline to grant credit. By signing above, I agree to receive updates from Direct Capital Corp. and its partners regarding this account via the email address(es) and/or fax number(s) provided for the account above. If you provide us your mobile device number you expressly agree to receive prerecorded messages and/or text messages at that number from us and our authorized agents, including with the use of an automatic dialer (autodialer). Standard text messaging rates apply.

SIGNATURE: _____

TITLE: _____

PRINT NAME: _____

DATE: _____

Please return your completed application via fax or mail to:

Direct Capital Corporation
 P: 866-777-0117 F: 800-875-0312
 155 Commerce Way, Portsmouth NH 03801

* Be sure to attach previous 2 years audited / reviewed financials with your application. Thank you.